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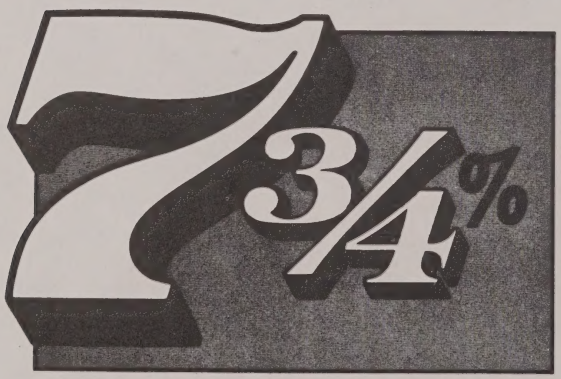

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DECEMBER - 1977 VOL. XXXIII-NO. 10

THE HAMPDEN HIPPOCRAT
1942

The official bulletin
for The Hampden District
of The Massachusetts
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Founded in 1942 by
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William A. R. Chapin, M.D.

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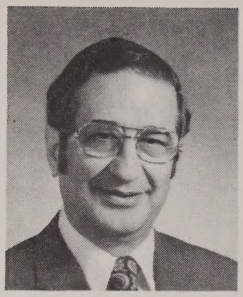

PRESIDENT'S PAGE

"MEDITATION ON MEDIATION"

The Mediation Committee of the Hampden District Medical Society performs a difficult but crucial task: it receives, studies and acts upon any grievance charged against a member of the Society.

A grievance may be generated by a patient, physician or some other party. The Quasi-judicial mediation process depends on information gathering, knowledgeable discussion and wise judgement to reach a final conclusion. Effective mediation depends on adequate communication promptly received. Inordinate delay in response by a physician can only lead to resentment, distrust, and deterioration in the public trust. No reply is most destructive of all.

Lest anyone think that the mediation process is a toothless chimera let them reflect then on the next two tiers in the stepladder of confrontation: the Committee on Ethics and Discipline of the Massachusetts Medical Society, and the Board of Registration and Discipline in Medicine.

Recent mailings of the Principles of Medical Ethics by the MMS. and publication of changes in regulations by the Board of Registration are strong indicators of professional and public concern.

The best time to deal with a grievance is at the time of its initiation. The best way is on a one to one personal basis. If reason does not work and compromise is not forthcoming then most likely the Society will hear from the complainant. The physician involved must then fully cooperate and respond promptly to Mediation Committee requests for information. To do otherwise would be a disservice to one's self and to the society.

Dr. Setrag Zacarian, Chairman, and his Mediation Committee members work hard to find the truth and offer a just solution. Medical ombudsmanship must have cooperation to work effectively. If failure occurs the complaintant will have other perhaps more damaging recourse.

Reflect and act wisely.

****

The officers and executive committee members of the Society wish for all of the membership a most merry and happy holiday season! □

ROCCO A. VERRILLI, M.D.

In Memoriam

JOHN M. GILCHRIST, M.D.

John M. Gilchrist, M.D. died at Baystate Medical Center on Saturday November 5, 1977.

Dr. Gilchrist was a surgeon in Springfield from 1915 until his retirement in 1957. He was a graduate of Cornell College in Iowa and Harvard Medical School.

He was vice president of the medical staff of Springfield Hospital and was medical staff representative to the trustees.

Dr. Gilchrist was Medical Director of Monarch Life Insurance Company from 1936 - 1951. He served as a first Lieutenant in the Medical Corps during World War I and as a Captain in the reserve corps.

Dr. Gilchrist was a member in the AMA, MMS and HDMS as well as the Springfield Academy of Medicine.

Donations may be made to Shriners Hospital for Crippled Children or the Connecticut Society Prevention of Blindness.

Hampden District Medical Society extends their sympathy to Dr. Gilchrist's wife and family.

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GOD REST YE MERRY, PHYSICIAN

For many years, the Hippocrat has included in its December issue articles on Medicine and Religion. This seems appropriate, since the holiday season is a traditional time for the contemplation and appreciation of the basis for personal and social accomplishment. On one hand, we pause to thank our friends for their kindnesses of the past year. On the other, we remember that the winter solstice is another beginning of life and warmth and expectation. Both are a source of joy and celebration.

It is popular to describe our current environment as a time of change. Since this is an essential ingredient to both growth and maturity, we should find little of concern in this observation. The problem comes in directing changes to a constructive course. The foundation best equipped to support change can be found in the ethical and religious guidelines that undergird our profession. One of the concerns of the committee on Medicine and Religion is the discussion and dissemination of these guidelines.

The MMS committee on Ethics and Discipline has recently distributed the Code of Ethics of the Massachusetts Medical Society, the parallel Principles of Medical Ethics of the AMA and the Oath of Hippocrates. I urge you to read and reflect on these useful documents, even though some of the latter may not meet your liking. They contain a base to support some of the changes facing us and to reject others.

I would also urge that we recognize and respect the religious beliefs that support most of our patients when faced by the changes brought about by illness and injury. We can use this support to benefit our patients in many ways. The patient's spiritual advisor is usually available to assist us in this support if we will only ask. Whether we agree with the patient's particular interpretations of religious verities is of no importance. Whether or not it is used to support the patient's needs is very important.

Most of the year we bewail the pressures now assailing the physician. We are losing control of the method of dissemination of medical care -- if we ever had it. Our authority is no longer respected. Bureaucracy constricts our every action. At this holiday season, let us remember the innate privilege of being a physician. The satisfaction of alleviating suffering and concern does not appear on an insurance form. The sharing of a period of crisis is not reviewed by a committee. The opportunity for collective action is its own reward. Our finest gift is the ethical and religious legacy of our medical predecessors. This is the yardstick by which we can measure our appreciation of the past and our expectations for the future.

Remembering the value of this gift, I can truly add the second line of the carol - - let nothing you dismay. □

GARRY HOUGH, III, M.D. CHAIRMAN
COMMITTEE ON MEDICINE AND RELIGION

JOINT STATEMENT BY AMERICAN HOSPITAL ASSOCIATION AMERICAN MEDICAL ASSOCIATION FEDERATION OF AMERICAN HOSPITALS

President Alex McMahon of the American Hospital Association, Director Michael Bromberg of the Federation of American Hospitals, and Executive Vice President James H. Sammons, M.D., of the American Medical Association made the following joint statement:

"Our three organizations, at the instruction of our respective officers, are beginning now to organize a national steering committee of hospital people, doctors, insurers, consumers and others with a major stake in hospital cost containment. We will ask this committee, which we expect to have its first meeting within the next several weeks, to develop the goals and mechanisms, first, of a voluntary program to reduce the rate of increase in hospital costs, and, second, of a voluntary program to reduce the rate of increase in health care costs as a whole. We will also encourage the development of similar steering committees at the state level to implement these programs.

"We believe that voluntary restraint by hospitals and doctors is the most equitable method to achieve effective cost containment consistent with sound medical practice and with the least disruption to patient care.

"It is our intention to keep the Congress, the Administration, and the public informed of our activities and the results of our programs. Details of these programs, including members of the national steering committee, will be made public as soon as possible. It is our strong belief that our efforts will be successful, and it is our hope that it will then become unnecessary to impose a new, bureaucratic control system that could impair existing efforts to provide better health care for all Americans at an acceptable price." □

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WE HAVE TO LOOK AROUND THE CORNER

The Carter Administration is fueling its long-anticipated drive toward some type of national health insurance program. It is now abundantly clear, as was noted in the "Washington's Week" column of the October 24 issue of American Medical News, that a "Carter-Califano" NHI plan will be forthcoming early next year.

Setting the stage have been the carefully orchestrated regional HEW hearings on the NHI question and the appointment of advisory groups on NHI.

Precisely what direction the Carter-Califano plan will take is unkown. Carter has merely indicated that it will be comprehensive and that the program would be implemented in stages.

In the meantime rising medical care costs, persistent inflation and increasingly harsh tax burdens have combined to create a climate that has led the public to believe there is a need for NHI. Results of the Gallup Study on Public Attitudes Toward Health Care Issues (see september 23, Public Affairs Division Memo) show that two persons in three perceive such a need. Four out of 10 said they favored such a plan even if it meant an increase in taxes.

If National Health Insurance is around the corner (two-thirds of the people think it's needed, according to a recent Gallup poll), it ought to adhere to these basic premises:

"To best serve the American people, (it) must be realistic in its objectives; manageable in its costs to individuals, to families, and to the nation; and as simple as possible in its administration."

Any modifications in the present health-care system "must be accomplished without radical restructure that would undermine or sacrifice" the system's great strengths, which "far outweigh any imperfections."

Those premises were set forth by William C. Felch, M.D., chairman of the AMA Council on Legislation, at HEW's Washington, D.C. hearing on health insurance. The nationwide hearings are a preliminary to the White House's submission of an NHI plan--maybe in March.

How can the spectum of the world's best care be made available to all the people without undermining the largely private structure that developed such care?

How can an insurance program be as realistic, manageable, and simple as Doctor Felch urges?

The answers lie in the AMA's Comprehensive Health Care Insurance bill (H.R. 1818 and S. 218) and its underlying guidelines, which he submitted to the hearing. (Note that the bill's title uses "Comprehensive" rather than "National," which tends to imply "federal.")

The guidelines principally are:

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* Comprehensive coverage -- both basic and catastrophic -- for the entire population.
* Cost sharing by employers and employees -- but by the government and the insured in the case of the self-employed, non-employed, and elderly. Lesser-income people would receive special consideration on insurance premiums and coinsurance.
* A minimum of federal dollars, limited essentially to helping poor and low-income families pay their premiums.
* A minimum of federal administration. The program would be handled primarily by private insurers, subject (as now) to state regulation.
* Pluralism in modes of health-care delivery. Choice of mode by both the patient and the physician.
* Continued integrity of the doctor-patient relationship, without federal interference.
* Uniform benefit coverage for everyone -- including the jobless for definite periods.
* Avoidance of Social Security financing and supervision. Federal premium subsidies would be from general revenues.
* Continued state responsibility for licensure and certification of health manpower.
* Prudent methods of cost containment. Along with coinsurance, these would feature hospital reimbursement formulas agreed to by hospitals and insurers; "Usual, customary, and reasonable" fees for medical services; appropriate utilization review; and coordination to avoid duplicate benefit payments.

The AMA's comprehensive insurance bill is the realistic answer to all the pertinent realities. Throughout the ranks of medicine, it merits the support it already has won from over 50 members of Congress. □

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As men draw near the common goal
Can anything be sadder
Then he who, master of his soul,
Is servant to his bladder.

ANON

EXECUTIVE COMMITTEE

The Executive Committee met on Tuesday, November 15, 1977 in the Conference Room of the HDMS. The minutes had been mailed out and were approved as written.

Present were Drs. Verrilli, Magill, Sachsse, Remsberg, Stoddard, Flahive, Lynn, Fitzpatrick, Dasco, Walthall and Mrs. Purdy.

Dr. Willcutts, Chairman of the Ad Hoc Committee on Nutrition was present to give a report on the meeting held at Providence Hospital of his committee.

Correspondence

Dr. Bloom wrote to the committee asking if they would consider taking a stand on gun control and prevention of other injuries from handguns as recommended by Dr. Jonathan Fielding, Commissioner of Public Health in Massachusetts. Discussion followed and it was suggested that this be put on the agenda for a district meeting or mail out to the members and ask for votes by a poll. Dr. Verrilli will get the feeling of the members present at the next meeting and this will be studied further.

A Mailogram from the AMA was mailed out to the committee for study. Mrs. Purdy suggested this be printed in the December issue of the HH and the committee agreed.

Dr. Schwendenmann wrote resigning as Nominating Councilor. He indicated that he would like to stay on as a Councilor. The committee accepted his resignation with regrets.

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Old Business

Mrs. LaFlamme from the South End Health Center sent a thank you to Dr. Verrilli and the committee for the courtesy shown her when they presented their plans at the October meeting.

The Lung Association responded to the questions asked about the pulmonary testing being done in local industries. Individuals with abnormal findings will be referred to their own physician or the company physician.

Dr. Verrilli appointed Dr. Philip Stone to serve on the Board Plan Development Committee of the WMHPC. The Executive Committee approved this appointment and the WMHPC has been notified.

The Second Opinion Program being conducted by the Mass Mutual Insurance Company is in progress. Over 70 returns have been sent back and Mr. Tesoro met recently with Dr. Verrilli to finalize plans.

Dr. Remsberg reported seven unpaid dues. Proper letters will be written to these physicians.

Dr. Flahive, President of the Academy of Medicine reported on the program held by the Academy and STCC on the Pain and Stress. Dr. Magnum of the AMA had written and asked for a more detailed report as to how this was set up for CME accreditation.

New Business

Dr. Sellei, Chairman of the Health Cost Containment Committee sent a report which was read. A recommendation made by the committee stating that the Executive Committee should ask for the budgets and charge manuals of the hospitals to compare costs of procedures such as Chest X-Rays, EKG, CB, etc. The committee approved of this recommendation unanimously.

Dr. Verrilli then asked the committee to consider a replacement for the Nominating Councilor to take Dr. Schwendenmann's place. After much discussion, Dr. Stoler's name was voted upon to become the Nominating Councilor. The material sent to the the office from Dr. Schwendenmann will be forwarded to Dr. Stoler if he accepts this assignment.

Mrs. Purdy gave the office report for the month.

The meeting was adjourned at 9:45 P.M. □

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THE Y.M.C.A. - A NEW FOCAL POINT CARDIAC REHABILITATION

A more liberal approach towards the management of myocardial infarction has led cardiologists to think of an effective program in cardiac rehabilitation as a natural extension of early mobilization within the hospital. In the past, efforts to establish an effective local rehabilitation program have been hampered by distinct lack of funds, physicial facilities and professional personnel.

Two years ago the tragic death of Henry Siciliano, a long time member of the Y.M.C.A. led to a successful fund drive to establish a cardiac rehabilitation program in his memory. This effort coincided with the spontaneous emergence of interest by a group of Springfield cardiologists to support just such a program which could not be provided by any of the local hospitals because of fiscal restraints. Additional funds from the Valley Athletic Club at the Y.M.C.A. insured the purchase of a defibrillator, two telemetry units and other necessary equipment. To date several cardiologists, namely Drs. Keenan, Cuadra, Ramaswammy, Ray, Wittenberg, Gianelly, and Lovell have volunteered their services in planning and actually monitoring exercise classes for over forty patients referred by over twenty physicians from the Springfield area. These patients are recovering from acute myocardial infarction and cardiac surgery or are suffering from angina pectoris. The initial success of the program has also clearly been related to the volunteer efforts of over a dozen nurses and physicial education specialists in addition to the Y.M.C.A. staff.

Patients are referred by their private physicians and enter the program following initial exercise testing which becomes the basis for an exercise prescription. Initially patients are monitored closely during warm up exercises and during their first trials at stationary bicycle riding, walking or jogging. Exercise increases progressively until after several weeks some of the better motivated patients are able to jog throughout the session, observing their own heart rates and demonstrating better physicial fitness than the monitoring physicians! As in other successful rehabilitation programs improved cardiovascular and emotional functioning occur simultaneously. It is important to emphasize that patients remain under their private physicians care throughout the program. Full progress reports on each patient are sent to the referring physician at appropriate intervals.

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In collaboration with the Western Massachusetts Division of the Massachusetts Heart Association a support group called "Sharing and Caring" has recently completed its first series of meetings at the Y.M.C.A. These sessions aid patients and their family in understanding the patho-physiology and modification of their disease processes. We hope the enthusiasm of a large number of nurses for this type of program will insure the establishment of many such groups throughout the area. In addition, the Heart Association has granted funds to provide for additional training of Y.M.C.A. staff members at various rehabilitation training workshops.

Those of us who have been associated with the program are uniformly enthusiastic about its prospects. We hope to form firm relationships with surrounding hospitals to provide for smooth transition from in hospital to out of hospital rehabilitation and at the same time avoid unnecessary duplication of services. Important questions related to third party reimbursement remain to be resolved but it is understood that patients are not and will not be excluded for financial reasons. It is important to note that the cost of a full year of extensive rehabilitation is less than three days in a hospital coronary care unit. It is also our hope that affiliations will be established with surrounding educational institutions, both medical and non-medical to develop the local Y.M.C.A. into a regional training center in cardiac rehabilitation.

Finally on a more personal note, I have been impressed that physicians are generally unaware of the range of support services that are provided by the Y.M.C.A. that could be of benefit to our patients. Programs such as hypertension screening, weight control, back care, and post natal and senior citizen exercise are generally unappreciated by the medical community. □

ANTHONY P. LOVELL, M.D.

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_____

I'D BE WILLING TO WRITE AN ARTICLE ON: _____

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CHRISTMAS

Welcome, Yuletide, doctor divine!
You have returned to earth again
To heal mankind that's sick, vulpine
And has, in morals, no restrain.

Cruel wars and threats are still with man,
If not yet hot, they are on charts.
But why does not man try to ban
All violent acts that hurt our hearts?

No work, despair, bad thoughts and deeds,
World woes and wrongs are very deep.
What can we do for our soul's needs
When golden rules we do not keep?

High cost of things, crimes more in view,
Too much imbibing, rapes, distress,
Lascivious ways that people woo,
Do constitute an ugly mess.

Hardships galore are still with us
With sins, deceits which are not small.
No signs in books are with a plus:
Our spurious trends will ruin us all.

Poverty, hate, vicissitudes,
Inflation, taxes, sorrows, tears,
Betrayals with ingratitudes
Bring nothing but torments and fears.

O blithe Christmas, the scroll of time
Unrolls events which can destroy.
The days gone by have rung their chime,
Ring now the chime of peace and joy.

O Holy Yule, doctor supreme,
Give all more care in hours of gloom;
Give drugs that heal - drugs that redeem
The wicked ones who are near doom.

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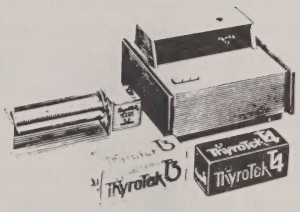

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Since the Federal Water Pollution Control Act (PL92-500), there have been considerable strides in improving water quality. The Environmental Protection Agency (EPA) and the states have spent billions of dollars to restore New England's waterways to at least Class B, which is "fishable-swimmable" quality. Class A quality is that of drinking water standards. As of December, 1975, 51 percent of New England's major rivers and tributaries had achieved at least a Class B quality. In Massachusetts this includes all of the Connecticut River system north of the Holyoke Dam.

Special efforts have been necessary because the extent of the pollution has overwhelmed the ability of nature to cleanse its waters. Nature provides aerobic bacteria, using oxygen, and also anaerobic bacteria to digest organic matter. The anerobic bacteria in their action give off the sulfur or "rotten-egg" fragrance during the digestive process - an odor which can be detected in several streams and near some bridges. Bio-logic treatment plants have been built in several communities - cultivating aerobic bacteria and simulating nature's method.

One of the sources of increased organic waste in the waterways is storm water drainage. The run-off of storm water often approximates half the strength of raw sewage. The economics of adequate sewerage control systems, to include control of storm water, is staggering. The city of Philadelphia had a survey in which the total value of real estate was 19 billion dollars and the estimated cost of adequate sewerage and treatment facilities was 900 billion dollars. To correct sewer over-flow problems into New Haven harbor and 5 miles upstream, it would cost about 100 million dollars. So it can be seen that some projects are not feasible, but more limited programs are being undertaken. The rain water run-off brings about gradual changes in the vegetation of the wetlands. The Conservation Commission of Springfield controls 2389 areas of wet or boggy land.

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Another source of pollution is chemical waste from industries. This material needs pre-treatment before being emptied into the sewer systems. The towns have the responsibility of regulating pre-treatment programs of industrial waste to see that they meet certain standards. Industries have regional aid available (through state and federal assistance) to have them set up adequate waste treatment facilities. They are given a 90 percent grant to plan and set up the facilities plus the additional 10 percent if the treatment facility passes regional standards. In Springfield the amount of aid is in the neighborhood of 50 million dollars. As of July 1977, 338 out of 402 of the New England regions major industrial discharges were providing satisfactory treatment facilities. Water resource agencies currently estimate that all but 10 percent of the major waterways will meet Class B standards by 1983.

It can be appreciated that waste water control and treatment is a major effort being conducted by the entire region with goals of providing a normal aquatic life habitat and also providing waterways whose quality is safe for swimming and recreational sports.

I thank the following for their kind help on this article: Joseph Dupuis of the Water Pollution Control Regional Office, Ben Smith of the New England River Basin Commission, Joseph Corcoran and Thomas Orszak, both of the city of Springfield. □

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AUXILIARY NEWS

WHITE CAP BALL

The music continued long after a splendid repast was devoured. The atmosphere was congenial; happiness prevailed. The White Cap Ball chairwomen, Lois Grant and Joan Guardione, assisted by Audrey Botnick and their committee members spent the months preceding the Ball ensuring that dinner would be superbly prepared, the music joyful, the evening glamorous and enchanting.

Besides the guests attending the Ball, many generous people contributed to this fund raising effort. Donors are as follows:

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486 Converse St., Longmeadow 01106
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In Memoriam

PRISCILLA H. DIXON

Priscilla H. Dixon died recently at the Baystate Medical Center. She was the widow of Stanley R. Dixon, M.D. Many of our members appreciated her assistance and wise advice at the specialty shop Miss Kerby. The auxiliary extends its sympathy to Priscilla's family.

JOIN US.

We can do much more together.

ANOTHER VIEW OF HEALTH CARE COSTS

"Physicians can and must play a major role in reducing or at least stabilizing health-care costs."

Those challenging words come from a leader in organized medicine at the state level--Richard J. Frey, M.D., chairman of the Council (or Board of Trustees) of the Minnesota State Medical Association.

He is also chairman of the Health Care Cost Commission sponsored by MSMA, and this is the group to which he directed those remarks.

The commission, which held its first meeting in May, is conducting an 18-month study of rising health-care costs (with the help of a professor at the University of Minnesota's School of Public Health). It will issue "independent" recommendations that will go straight to the people without alteration.

Thus, MSMA is among the growing number of state medical societies that are eager to zero in on the cost problem, regardless of the complexities and possible outcome.

The commission's members include representatives from civic affairs, industry, banking, insurance, state government, labor, and hospitals as well as from medicine. A state senator member was appointed by Gov. Rudy Perpich, who strongly supports the commission's efforts.

In diversity of makeup as well as purpose, it thus resembles the AMA medical-cost commission.

Dr. Frey, an internist, told the initial meeting in St. Paul:

"As an association, we could approach this situation in a variety of ways. We could, for example, say that the problem doesn't exist. Then again we could, as physicians, blame it on the hospitals, or government, or the health planners, the insurance industry, the public, or some entity than ourselves.

"Then again we could say that physicians as a group are a very significant contributing factor to the question of costs. Although physician fees are a small part of the health-care dollar, as a group physicians serve as purchasers of medical and health care for their patients and as such are indeed a major factor in determining the extent of total health-care expenditures in this nation."

* A definition of the health-care delivery systems in the state.
* An identification of Minnesota and national forces creating increases in health-care costs.
* A review and evaluation of existing research on the causes of such increases.
* A review of Minnesota health-care systems outside the traditional fee-for-service system.
* Detailed recommendations for future programs that would contain costs while providing high-quality care.

The findings should be awaited with eagerness. And with a spirit of faith in what we in organized medicine can generate on our own. □

H.D.M.S. SCHOLARSHIPS

On the recommendations of the Scholarship Committee, the following medical students were granted awards:

Richard P. Morin Chicopee	Medical College of Wisconsin
Jeffrey R. Cossin Springfield	University of Rochester School of Medicine
Robert J. Belisle Chicopee	Kansas City College of Osteopathic Medicine
Charles R. Souliere, Jr. Agawam	Yale University School of Medicine
Mary A. Courtney Westfield	Massachusetts University Medical School
Mary A. Dougal Indian Orchard	Loyola University, Stritch School of Medicine
Catherine M. Shaer Agawam	University of Texas, Health Science Center at San Antonio Medical
John J. Moynihan Holyoke	Georgetown University, School of Medicine
Ronald C. Holt Springfield	La Faculte Libre de Medecine de l'Universite Catholique
Aphonse F. Calvanese Springfield	Tufts University, School of Medicine
Christopher J. Schmidt Holyoke	University of Massachusetts Medical School
Mary Beth Hodge Chicopee	Tufts University, School of Medicine

The Dr. Max and Ida L. Millman Foundation has been completed and a loan program set up. Three students will be offered loans to be given by December 1, 1977. At this writing this has not been completed. A report will be given in the January issue. □

SOME EXCERPTS FROM CAPSULE REVIEWS OF THE CITATION

[A Medicolegal Digest for Physicians]

No Pretrial Examination Of Medical Expert...A non party medical expert was granted a protective order by a New York trial court relieving him from a subpena calling for his appearance at a pretrial examination. The court found that a "special circumstance" provision of the applicable law required a demonstration supported by evidence or some factual background statement showing materiality or necessity that such a witness was necessary in order to prepare fully for trial. In the present instance, the court said, the statement by the seeking attorney that the examination of the expert before trial was materially necessary for defense of the lawsuit fell far short of satisfying the requirement. The party bringing suit had forwarded all medical reports relating to the expert's findings, and further, the court pointed out, all medical records and charts maintained by the expert in the regular course of his profession were discoverable. The court found that there was no proper legislative authority to direct the examination of the expert in the present case.--Scaduto v. Himmel, 393 N.Y.S. 2d 669 (N.Y Sup. Ct., April 14, 1977)

Physician Convicted On Drug Charge...A physician's conviction for dispensing controlled substances was upheld by a federal appellate court. Two drug enforcement agents obtained 18 prescriptions for controlled substances from the physician. The prescriptions were not filled by were turned over to an agent for use at the trial. Appealing his conviction, the physician contended that an essential element of the crime was lacking because the prescriptions were never filled and no ultimate user ever received possession of the drugs. The court found that by placing a prescription for a controlled substance, issued outside the usual course of medical practice, in the hands of an ultimate user, the physician completed the offense of dispensing even though no ultimate user ever received the drugs.--U.S. v. Tighe, 551 F. 2d 18 (C.A.3, Pa., Feb. 25, 1977)

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Obstetrics Chief Must Appear For Pretrial Questioning... The chief of obstetrics at a hospital may be liable for a patient's treatment even though he did not treat the patient personally, a New York appellate court ruled. The chief of obstetrics was responsible for procedural and rule-making authority over the medical conduct of all physicians in his department. He and several other physicians were sued for malpractice by a patient, and he refused to answer. The appellate court said he may be liable because of his authority to establish procedures for the department. He should appear for pretrial questioning and the parties should exchange names of witnesses to be called at trial and expert medical reports, the court ordered.--Wilson v. McCarthy, 393 N.Y.S. 2d 770 (N.Y. Sup. Ct., App. Div., April 25, 1977)

Physician-Patient Privilege Extends To Hospital Records... In a suit to recover damages for injuries suffered in an automobile accident, there was no error in the trial court's refusal to admit into evidence the hospital emerengcy room record of treatment of the driver, prepared by a physician soon after the collision. A North Carolina appellate court found that the physician-patient privilege extends to entries in hospital records pertaining to information obtained by a physician when treating a patient and held that the trial court properly exercised its discretion in excluding the record.--Maness v. Bullins, 234 S.E. 2d 465 (N.C. Ct. of App., May 4, 1977)

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"THE FOOD WE EAT, THE AIR WE BREATHE AND ITS EFFECTS ON PRESENT AND FUTURE GENERATIONS"

SPEAKER: **MYRON WINICK, M.D.**
Director
Center for Nutrition, Genetics & Human Development
Columbia University

Dr. Winick is a graduate of Columbia University and received his Master of Science at the university of Illinois and his M.D. from State University of New York. His post graduate training included Albert Einstein College of Medicine, University of Pennsylvania, Cornell University Medical College, U.S. Naval Hospital of Oakland, Stanford University School of Medicine, University of Chile, and Columbia University. Dr. Winick is the author of a series on Current Concepts in Nutrition being published by John Wiley & Sons and a series of articles in Modern Medicine starting with the September 1977 issue. His curriculum vitae and publications list is enclosed.

PROGRAM:
6:30 P.M. Social Hour
7:00 P.M. Dinner
8:00 P.M. Lecture

PLACE: SHERATON WEST, WEST SPRINGFIELD

RESERVATIONS: Academy members please call Mrs. Lund (734-5445) before Thursday, January 5th.

CORRESPONDENCE

To The Editor:

In the Hampden Hippocrat of November, 1977, concerning the report of the District Meeting of the Hampden District Medical Society, on Tuesday, November 22, 1977, it was stated incorrectly, that Dr. D'Avanzo presented a resolution on hospital based physicians.

Actually, Dr. D'Avanzo stated that it is wrong for Blue Cross-Blue Shield and other third parties, to pay the hospitals more for the treatment of ambulatory patients in the emergency rooms, out patient departments and satellite clinics, than they pay for the similar patient treatment in private physician offices, therefore, be it.

RESOLVED: that the Hampden District Medical Society petition the Massachusetts Medical Society to correct this wrong so that private physicians will be paid the same amount that hospitals get from third parties for the treatment of ambulatory patients.

I would appreciate that the editor of the Hippocrat put this correction in the next issue of the Hampden Hippocrat, and also that the members be informed of the actual resolution at the next meeting of the Hampden District Medical Society. □

Sincerely yours,
CHARLES S. D'AVANZO, M.D.
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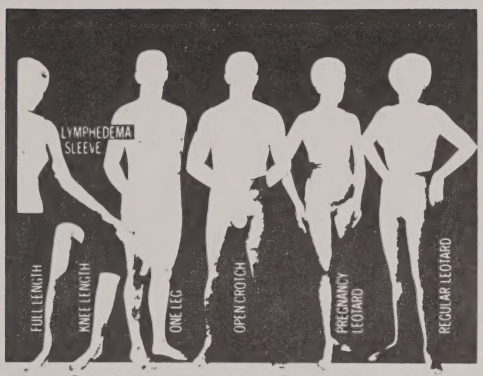

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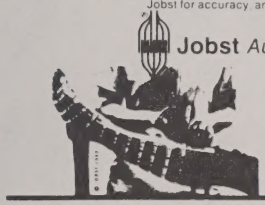

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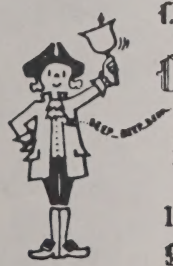

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